

07-09-01

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket Number: 500615.20142	
		First Inventor or Application Identifier: Tadashi Takeda	
		Title: OPTICAL HEAD DEVICE	
Express Mail Label No.: EL 915668780 US			

APPLICATION ELEMENTS		ADDRESS TO:	
For new nonprovisional applications under 37 C.F.R. § 1.53(b)		Commissioner for Patents Box Patent Application Washington, DC 20231	

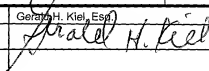
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) -Descriptive title of the invention -Cross References to Related Applications -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) [Total Sheets 7] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b) c. <input checked="" type="checkbox"/> Unsigned	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR § 3.73(b) Statement (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Applicant Claims Small Entity Status 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Copy of IDS Citation

NOTE FOR ITEMS 1 & 15: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ____ Prior application information: Examiner ____ Group/Art Unit: ____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts	
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17. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Gerald H. Kiel, Esq. Reed Smith LLP
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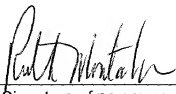
Name (Print/Type)	Gerald H. Kiel, Esq.	Registration No. (Attorney/Agent)	25,116
Signature		Date	July 6, 2001

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FEE TRANSMITTAL for FY 2000

Application No.	Unknown	Filing Date:	July 6, 2001
First Named Inventor	Tadashi Takeda	Group Art Unit:	Unknown
Examiner Name:	Unknown	Attorney Docket No.	500615.20142

METHOD OF PAYMENT (Check one)

1. ☒ **Payment Enclosed:** ☒ Check ☐ Money Order ☐ Other

2. ☐ The Director is hereby authorized to charge indicated fees to:

2a. ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 and credit any over payments to:

Deposit Account Number 50-1529

Deposit Account Name Reed Smith, LLP

FEE CALCULATION (fees effective 10/1/00)

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$)710

2. EXTRA CLAIM FEES

	**No. of Claims	Extra Claims	Fee from Below	Fee Paid
Total Claims	7 -20	0	x 18	0
Independent Claims	1 -3	0	x 80	0
X Multiple Dependent Claims		0	x 270 =	0
SUBTOTAL (2)				(\$) 0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	80	209	40	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (3)					\$ 0

SUBMITTED BY Gerald H. Kiel, Esq. Complete (if applicable)

Typed or Printed Name	Gerald H. Kiel, Esq.	Date: July 6, 2001	Reg. Number	25,116
Signature	<i>Gerald H. Kiel</i>		Deposit Account User ID	50-1529